

# Why are we moving to Utilization Payments?

- Connecticut continues to have economic issues that started last year and significantly reduced state revenue.
- This has led to a series of reductions in the DDS budget.

# Why are we moving to Utilization Payments?

- **Reductions incorporated into the FY 2010 and FY 2011**
  - 1.0 million dollar reduction based on the rescission in 2009 and a reduction in transportation of \$1.25 million in transportation savings.
  - Additionally, there is another \$1.25 million additional reduction based on transportation reductions in the FY11 budget.

# Why are we moving to Utilization Payments?

- **DDS has received a series of rescissions to this year's budget approaching 9.0 million dollars. This reduction is approximately nine tenths of a percent of the total budget. Initial rescissions were largely focused on DDS operations.**
  - As more reductions were necessary, the Day Service funding was reduced by an additional \$250,000 and another \$3.46 million in November.
  - These rescissions were in addition to the reductions DDS had received in funding for FY 2010 and FY 2011 in the 16108 account that funds day services.

# Utilization Payment Process

- Payments for contracts will be based on the utilization of supports provided to DDS participants
- Providers will receive a contract service authorization for each individual funded under their Purchase of Service contract.
- Per Diem rates will be based on the identified amounts for each individual in the current FY2010 contract

# Utilization Payment Process

- The allocation amount of each individual will not be reduced.
- Providers will be reimbursed up to a maximum of the contracted total amount for all services provided.
- If overall utilization is higher than projected, a contract amendment will be developed to adjust the maximum financial amount of the contract.

# Utilization Payment Process

- Contract Service Authorization (CSA) identifies the name of the individual, the effective date, the type of supports, and the amount of supports the Department has authorized the contractor to provide.
- DDS will work with the provider during the initial month of implementation to resolve any programmatic discrepancies listed on the CSA or WebResDay attendance program.
- The provider will be reimbursed only for the supports authorized on the contract service authorization.

# Utilization Payment Process

## Group Day services

- Participants in a group day program with an agency utilization rate at 90% or lower as documented in the FY2009 Annual Report will have their per diem rates based on 225 days.
- Participants in a group day program with an agency utilization rate above 90% as documented in the FY2009 Annual Report will have their per diem rates adjusted to factor in the increased number of days based on the percentage over 90%. For example, a program with a FY2009 utilization rate of 92% in their GSE program will have each of the participant's per diem rates based on 230 days (250 standard days divided by 92%).
- Providers who have two group day programs with one of those programs with utilization above 90% will have a combined percentage to avoid penalizing the provider.

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2009 Easter Seals Greater Waterbury Annual Report.xls [Compatibility Mode]

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2			<b>Page 21 - Summary Day</b>					
3								
4				<b>Agency Total</b>	<b>DSO</b>	<b>GSE</b>	<b>SHE</b>	<b>SEI</b>
5					<b>0350</b>	<b>0550</b>	<b>0750</b>	<b>0800</b>
6		<b>1</b>	<b>Client Openings</b>					
7		a.	<b>Total</b>	126.00	12.00	80.00	31.00	3.00
8		b.	<b>Contracted</b>	126.00	12.00	80.00	31.00	3.00
9		c.	<b>Adjusted</b>	126.00	12.00	80.00	31.00	3.00
10		2.	<b>Number Days Operating In Year</b>	1,000	250	250	250	250
11		3.	<b>Available Client Days</b>	31,500	3,000	20,000	7,750	750
12		4.	<b>Actual Client Days</b>	27,425	2,605	17,751	6,569	500
13		5.	<b>Percentage of Utilization</b>	87.06%	86.83%	88.76%	84.76%	66.67%
14		6.	<b>FTEs</b>					
15		a.	<b>Managers</b>					
16		b.	<b>Supervisors</b>					
17		c.	<b>Instructor/Job Coach</b>					
18		d.	<b>Clinical Staff</b>					
19		e.	<b>Transportation</b>					
20		f.	<b>Other (Specify, click to go to Day Schedule)</b>					
21		g.	<b>Total FTEs (6a thru 6f)</b>					
22		7.	<b>Salaries &amp; Wages</b>					

Below 90%

Summary Day

FY2009 Annual Report Data determines the utilization rate.



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1	Page 21 - Summary Day					
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5						
6	1	Client Openings	Agency Total	DSO	GSE	SHE
7	a.	Total	126.00	12.00	80.00	31.00
8	b.	Contracted	126.00	12.00	80.00	31.00
9	c.	Adjusted	126.00	12.00	80.00	31.00
10	2.	Number Days Operating In Year	1,000	250	250	250
11	3.	Available Client Days	31,500	3,000	20,000	7,750
12	4.	Actual Client Days	29,320	2,850	18,870	7,100
13	5.	Percentage of Utilization	93.08%	95.00%	94.35%	91.61%
14	6.	FTEs				
15	a.	Managers				
16	b.	Supervisors				
17	c.	Instructor/Job Coach				
18	d.	Clinical Staff				
19	e.	Transportation				
20	f.	Other (Specify, click to go to Day Schedule)				
21	g.	Total FTEs (6a thru 6f)				
22	7.	Salaries & Wages				
23	a.	Managers	\$ -			
24	b.	Supervisors	\$ -			
25	c.	Instructor/Job Coach	\$ -			
26	d.	Clinical Staff	\$ -			
27	e.	Transportation	\$ -			
28	f.	Other (Specify, click to go to Day Schedule)	\$ -	\$ -	\$ -	\$ -
29	g.	Total Salaries & Wages (7a thru 7f)	\$ -	\$ -	\$ -	\$ -
30	8.	Non-Salary				
31	a.	Contract Personnel				
32	1.	Occupational Therapy	\$ -			
33	2.	Physical Therapy	\$ -			
34	3.	Nurse	\$ -			
35	4.	Behaviorist	\$ -			
36	5.	Psychiatry	\$ -			



Above 90%

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2009 Easter Seals Greater Waterbury Annual Report.xls [Compatibility Mode]

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1								
2			<b>Page 21 - Summary Day</b>					
3								
4				<b>Agency Total</b>	<b>DSO</b>	<b>GSE</b>	<b>SHE</b>	
5					<b>0350</b>	<b>0550</b>	<b>0750</b>	
6	1		<b>Client Openings</b>					
7	a.		<b>Total</b>	123.00	12.00	80.00	31.00	
8	b.		<b>Contracted</b>	123.00	12.00	80.00	31.00	
9	c.		<b>Adjusted</b>	123.00	12.00	80.00	31.00	
10	2.		<b>Number Days Operating In Year</b>	750	250	250	250	
11	3.		<b>Available Client Days</b>	30,750	3,000	20,000	7,750	
12	4.		<b>Actual Client Days</b>	26,950	2,850	17,000	7,100	
13	5.		<b>Percentage of Utilization</b>	87.64%	95.00%	85.00%	91.61%	
14	6.		<b>FTEs</b>					
15	a.		<b>Managers</b>					
16	b.		<b>Supervisors</b>					
17	c.		<b>Instructor/Job Coach</b>					
18	d.		<b>Clinical Staff</b>					
19	e.		<b>Transportation</b>					
20	f.		<b>Other (Specify, click to go to Day Schedule)</b>					
21	g.		<b>Total FTEs (6a thru 6f)</b>					
22	7.		<b>Salaries &amp; Wages</b>					

**Average of all programs is below 90%**

**Above 90%** **Below 90%** **Above 90%**

If an agency has some programs above 90% and other programs below 90%, then the rate will be determined on the average attendance of all the programs. If the average is 90% or below, the rate will be based on 225 days. If the average rate is above 90%, then the number of days will be adjusted to factor in the higher utilization percentage.

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# Utilization Payment Process

## Group Day services

- Participants with a documented part-time program will have their per diem rates based on 90% of the scheduled days per week. For example, an individual who attends a program three days a week would divide their annual allocation by 135 days (150 days divided by 90%).
- Participants with a blended program will have only one per diem rate that will be based on the current allocation of funding identified in the contract. Attendance reporting on WebResDay will remain the same.
- The utilization of services for all full time individual participants will be reimbursed up to a maximum of 250 days

# Utilization Payment Process

## Individual Supported Employment

- Participants with an individual supported employment allocation will be reimbursed on an hourly basis at the SEI Rate under the Fee for Service.
- A contract Service Authorization will calculate the weekly hours of support by dividing the total allocation by the SEI rate. For example, a provider will be authorized for an individual with a total funding amount of \$9,065 for three hours of supports per week ( $\$9,065 \div \$58.11 \div 52 \text{ weeks}$ ).
- A one time amendment will be used to fund transportation for people in SEI for the remainder of the year.
- Transportation for people receiving Individual Supported Employment will be incorporated in next years payments.

# Utilization Payment Process

## **Individualized day – vocational and non-vocational**

- Participants in an individualized day supports program have been identified by the regions as to whether the program is vocational or non-vocational.
- Individualized day support is an individual program designed specifically for the participant. This service is not provided in or from a facility-based day program.
- Participants with an individualized day support allocation will be reimbursed on an hourly basis at a rate not to exceed the Individualized Day Support rate of \$ 32.20 under the Fee for Service.
- The individual, the provider and the region will determine the currently purchased weekly hours.

# Utilization Payment Process

## Agency Hardship

- Agencies that experience financial distress due to low utilization may request a one time emergency allocation.
- Factors that will be considered include:
  - Comparing the overall utilization rate of the agency and the effect on reimbursement
  - Strategies used by the agency to increase utilization or reduce costs
  - Higher rate than 90% utilization was used to establish the per diem
  - The effect on the Individual Supported Employment program
  - Determination of whether the agency is a low rate provider
  - The availability of funds
  - Individual participants with low utilization may be presented as part of this process.

## DDS Contract System- Individual Allocation Summary Page

Provider	Individual/General	DDS #	AM	Type	FinComp	Persons	Homes	SID	Annualized	Create Date
ABC Corp (Day)	detail-	Archie	11111	---	DSO	22,572	1	1	16108	22,572 7/23/2009
	Name,Sid and Type Tota Archie		11111	0	DSO	22,572	1	1	16108	22,572
	detail-	Betty	11112	---	DSO	26334	1	1	16108	26334 7/23/2009
	Name,Sid and Type Tota Betty		11112	0	DSO	26334	1	1	16108	26334
	detail-	Charles	11113	---	DSO	28215	1	1	16108	28215 7/23/2009
	Name,Sid and Type Tota Charles		11113	0	DSO	28215	1	1	16108	28215
*** Part-time 3 days per week	detail-	Donald	11114	---	GSE	18726	1	1	16108	18726 7/23/2009
	Name,Sid and Type Tota Donald		11114	0	GSE	18726	1	1	16108	18726
	detail-	Edith	11115	---	GSE	24453	1	1	16108	24453 7/23/2009
	Name,Sid and Type Tota Edith		11115	0	GSE	24453	1	1	16108	24453

## Contract Service Authorization

	Provider	Name	DDS #	Program	FT/PT	Authorized Days per week	Authorized Days per year	90% of the Authorized Days per year	Annualized Allocation	Per Diem
	<b>ABC Corp (Day)</b>									
		Archie	11111	DSO	FT	5	250	225	22572	100.32
		Betty	11112	DSO	FT	5	250	225	26334	117.04
		Charles	11113	DSO	FT	5	250	225	28215	125.40
		Donald	11114	GSE	PT	3	150	135	18726.4	138.71
		Edith	11115	GSE	FT	5	250	225	24453	108.68

Annualized Allocation divided by 90% of the authorized days equals the Per Diem.





**Connecticut Department of Developmental Services  
HCBS Waivers (IFS and Comprehensive)**

**Contract Service Authorization**

ABC Agency is authorized to provide the following service to:

Consumer Name	DDS #	Service:	Region:	Effective Date	Daily Rate	Days a week	Total Authorized Days
Archie	11111	Day Support Option	North	2/1/2010	\$100.32	5	250
Betty	11112	Day Support Option	North	2/1/2010	\$117.04	5	250
Charles	11113	Day Support Option	North	2/1/2010	\$125.40	5	250
Donald	11114	Group Supported Employment	North	2/1/2010	\$138.71	3	150
Edith	11115	Group Supported Employment	North	2/1/2010	\$108.68	5	250

Regional Contact    Jeanne Dumphy    Phone    xxx-xxx-xxxx

Authorized by:    Sheryl Kemp

Reimbursement will begin on the effective date of the approved Contract Service Authorization.  
Payments will be based on the monthly attendance of the identified individuals at the specified per diem rate.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	Agency	Seashore Services				1	2	3	4	5						
3						Annual Amt	Units		Annual	Unit						
4	Contract	Program Type	DDS #	Last Name	First Name	Contract	Week	Attend %	Units	Amount						
5	North 1	DSO	1305	A	A	20000	5	90.00%	225.00	88.89						
6	North 1	DSO	1497	B	B	15000	5	90.00%	225.00	66.67						
7	North 1	DSO	550	C	C	17000	5	90.00%	225.00	75.56						
8	North 1	DSO	2521	D	D	22000	5	90.00%	225.00	97.78						
9	North 1	DSO	2015	E	E	35000	5	90.00%	225.00	155.56						
10	North 1	DSO	1874	F	F	12000	5	90.00%	225.00	53.33						
11	North 1	DSO	4298	G	G	10000	3	90.00%	135.00	74.07						
12	North 1	DSO	2619	H	H	15000	5	90.00%	225.00	66.67						
13	North 1	DSO	2077	I	I	24000	5	90.00%	225.00	106.67						
14	North 1	DSO	3412	J	J	28000	5	90.00%	225.00	124.44						
15	North 1	DSO	2968	K	K	26000	5	90.00%	225.00	115.56						
16	North 1	DSO	3251	L	L	36000	5	90.00%	225.00	160.00						
17																
18	North 1	GSE	2590	M	M	14000	5	90.00%	225.00	62.22						
19	North 1	GSE	381	N	N	12500	5	90.00%	225.00	55.56						
20	North 1	GSE	4705	O	O	11000	5	90.00%	225.00	48.89						
21	North 1	GSE	422	P	P	9000	5	90.00%	225.00	40.00						
22	North 1	GSE	2223	Q	Q	8000	3	90.00%	135.00	59.26						
23	North 1	GSE	1040	R	R	15000	5	90.00%	225.00	66.67						
24	North 1	GSE	2285	S	S	14000	5	90.00%	225.00	62.22						
25	North 1	GSE	638	T	T											
26																
27	North 1	SEI	2971	U	U	12000	4	N/A	200	58.11						
28	North 1	SEI	3235	V	V	10000	3.5	N/A	175	58.11						
29	North 1	SEI	128	W	W	8000	3	N/A	150	58.11						
30																
31	1 Annual Amt Contract From Current Amount in Contract															
32	2 Number Units Per week the person attends (Unit would be Day for Group Day or Hour for SEI and Ind Day)															
33	3 Attendance Percentage based on Annual report or Minimum 90% Group Day Only															
34	4 Annual Unitss = Units per week * 50 * [3 Attendance percentage] for Group Day, Annual divided by 58.11 divided by 50 for SEI															
35	5 Unit Amount = [1 Annual Amount Contract]/[4 Annual Days] fro Group Day, 58.11 for SEI															
36																
37																
38																
39																



## Attendance

<b>Month</b>	<b>Year</b>
February	2010

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	X	X	X	Days
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	X	X	X	Attended
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### People Subject to Historical Transitional Calculation

Archie	1	1	1	1	1		1	1	1	1	1		1		1		1		1	1	1	1	X	X	X	17
Betty		1	1	1	1		1	1	1	1	1		1	1	1	1	1		1	1	1	1	X	X	X	18
Charles	1	1	1	1	1		1	1	1	1	1		1	1	1	1	1		1	1	1	1	X	X	X	20
Donald	1		1		1		1		1		1		1		1		1		1		1		X	X	X	11
Edith (left)	1	1	1	1	1		1	1		1	1		1	1	1	1	1						X	X	X	14

	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AL	AV
1	<b>March Service Invoice with Adjustment to February Services</b>										Info from
2	<i>Paid on or or about April 1st</i>										<b>Feb Inv</b>
3	Provider	Sample Inc.									
4											
5	<b>February Adjustment</b>										
6	Name	Program	Program Type		Per diem	Feb Days Attended	Days * Per Diem		based on 1/12 of		February Services from
7											
8	Archie	Eastside	DSO		100.32	17	1,705.44		1,881.00		1,881.00
9	Betty	Eastside	DSO		117.04	18	2,106.72		2,195.00		2,195.00
10	Charles	Eastside	DSO		125.40	20	2,508.00		2,351.00		2,351.00
11	Donald	Sample Work Crews	GSE		138.71	11	1,525.81		1,560.00		1,560.00
12	Edith (left)	Sample Work Crews	GSE		108.68	14	1,521.52				2,038.00
13	Total						9,367.49		7,987.00		10,025.00
14											
15											
16											
17											
18		Total due for February based on Actual Attendance					9,367.49		7,987.00		10,025.00
19											
20		Est. February Services Payment made in March					10,025.00				
21											
22		Difference Feb Actual Attendance - Feb 1/12 of 90% of authorized da					(657.51)				
23											
24											
25		Estimated March Services Payment					7,987.00				
26											
27		Total Payment for April 1 (March Services + Difference February)					7,329.49				
28											
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2		Month	Year																															
3		March	2010																															
4																																		
5			M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Days
6			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Attended
7		People Subject to Historical Transitional Calculation																																
8		Archie	1	1	1	1	1			1	1	1	1	1			1	1	1		1				1	1	1	1				1	1	18
9		Betty	1		1		1			1		1		1			1		1	1	1			1	1	1	1				1	1	1	16
10		Charles	1	1	1	1	1			1	1	1	1	1			1	1	1	1				1	1	1	1	1				1	1	20
11		Donald	1		1		1			1		1		1			1		1		1			1		1		1			1		1	13
12		Edith (left)																																0
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Group Day Service Authorization

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1	<b>April Service Invoice with Adjustment to March Services</b>										<b>Info from</b>	
2	<i>Paid on or about May 1st</i>										<b>March Inv</b>	
3	Provider	Sample Inc.										
4												
5	<b>March Adjustment</b>											
6	Program	Program Type		Per diem	August Days	Amount Days *		April Est based on			Estimated March Services	
7												
8	Archie	Eastside DSO	DSO	100.32	18	1,805.76		1,881.00			1,881.00	
9	Betty	Eastside DSO	DSO	117.04	16	1,872.64		2,195.00			2,195.00	
10	Charles	Eastside DSO	DSO	125.40	20	2,508.00		2,351.00			2,351.00	
11	Donald	Sample Work Crews	GSE	138.71	13	1,803.23		1,560.00			1,560.00	
12	Edith (left)				0	-						
13	Total					7,989.63		7,987.00			7,987.00	
14												
15												
16												
17												
18												
19	Total due for March based on Actual Attendance					7,989.63		7,987.00			7,987.00	
20												
21	Est. March Services Payment made in April					7,987.00						
22												
23												
24	Difference March Attendance - March 1/12 of 225					2.63						
25												
26												
27	Estimated April Services Payment					7,987.00						
28												
29	Total Payment for May 1 (April Services + Difference March)					7,989.63						
30												
31												
32												
33												
34												

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Connecticut Department of Developmental Services  
HCBS Waivers (IFS and Comprehensive)

**Contract Service Authorization**

ABC Agency is authorized to provide the following service to:

Consumer Name:	DDS #	Service:	Region:	Effective Date	Hourly Rate	Estimated hourly units per week	Total Annual Authorized Units
Walter	11116	Individual Supported Employment	North	2/1/2010	\$ 58.11	3	146
Linda	11117	Individual Day - Vocational	North	2/1/2010	\$ 32.20	12	585
Sally	11118	Individual Day - Non-Vocational	North	2/1/2010	\$ 22.00	25	1250

Regional Contact: Jeanne Dumphy Phone: xxx-xxx-xxxx

Authorized by: Sheryl Kemp

Reimbursement will begin on the effective date of the approved Contract Service Authorization. Payments will be based on the monthly attendance of the identified individuals at the specified per diem rate.

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1	SEI and Individualized Attendance																																
2	Month	Year																															
3	March	2010																															
4																																	
5		M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Days
6		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total number of units
7	Walter	4		3		3			2		3		2			4		3		2			4	4	4	4	4			2	2	50	
8	Linda	16	16	16					16	16	16					16		16					16	16	16				16	16	16	224	
9	Sally	20	20	20	20	20			20	20	20	20	20			20	20	20	20	20			20	20	20	20	20		20	20	20	460	
10																																	
11																																	
12																																	
13	Input the total number of 15 minute units																																
14																																	
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AI	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1	<b>April Service Invoice with Adjustment to March Services</b>										<b>Info from</b>
2		<b><i>Paid on or or about May 1st</i></b>									<b>March Inv</b>
3	Provider	Sample Inc.									
4											
5	<b>March Adjustment</b>										
6		Program	Program Type	Rate Per 15 minute unit	Hourly Rate	Feb total units of service	Total units* Per 15 minute rate		April Est based on 1/12 of total authorized hours		March Est based on 1/12 of total authorized hours
7	Walter	Eastside	SEI	\$14.53	\$58.11	50	726.50		707.00		707.00
8	Linda	Eastside	Ind Day - Voc	\$8.05	\$32.20	224	1,803.20		1,570.00		1,570.00
9	Sally	Eastside	Ind Day - Non Voc	\$5.50	\$22.00	460	2,530.00		2,292.00		2,292.00
10									-		-
11									4,569.00		4,569.00
12	Total						5,059.70				
13									4,569.00		4,569.00
14		Total due for March based on Actual Attendance					5,059.70				
15											
16		Est. March Services Payment made in April					4,569.00				
17											
18		Difference March Attendance - March 1/12 of 225					490.70				
19											
20		Estimated April Services Payment					4,569.00				
21											
22		Total Payment for May 1 (April Services + Difference March)					5,059.70				
23											
24											
25											
26											

	A	B	C	D	E	F	G	H	I	J
1	Summary Payment Report for February Service									
2		DATE: March 1, 2010								
3										
4										
5	Contract Number	Provider	FEIN #	Vendor #	Description	Amount				
6										
7	08DDS1031DS	ABC Corpo	2110000	10445	SEI	\$ 2,237.24				
8										
9	08DDS1031DS	ABC Corpo	2110000	10445	Group Supported	\$ 11,795.49				
10										
11	08DDS1031DS	ABC Corpo	2110000	10445	Day Support Optic	\$ 21,604.82				
12										
13	08DDS1031DS	ABC Corpo	2110000	10445	SHE	\$ -				
14										
15				CONTRACT TOTAL		\$ 35,637.55				
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